

Fact Sheet on Metropolitan Medical Response System (MMRS)

Overview: MMRS funds support designated jurisdictions to further enhance and sustain a regionally integrated, systematic mass casualty incident preparedness program that enables a response during the first crucial hours of an incident. The program prepares jurisdictions for response to all-hazards mass casualty incidents, including CBRNE terrorism, epidemic disease outbreaks, natural disasters, and large-scale hazardous materials incidents.

Virginia's Eligible Regions: Arlington County, City of Chesapeake, City of Newport News, City of Norfolk, City of Richmond, and City of Virginia Beach

Allocation of Funds: MMRS is inherently multi-jurisdictional; funds must be expended to support each regional MMRS to establish and sustain enhanced local capabilities. The DHS designated base allocation for MMRS in FY07 \$1,548,871 (includes the 5% allowance for management and administration). DHS encourages states are encouraged to pass through 100 percent of grant funds, but states may retain up to 20 percent to facilitate strategy assessment and capability integration between the State and MMRS jurisdictions. The Commonwealth must have written concurrence between VDEM and the MMRS Steering Committee Chair to use any such funds to:

- Support mass casualty preparedness in regional MMRS Operational Areas overall
- Advise and assist MMRS jurisdictions in awareness of, and in providing input to, State and Urban Area Homeland Security Assessments, Strategies, Enhancement Plans, Investment Justifications, and other relevant homeland security requirements
- Provide for MMRS engagement with the Senior Advisory Committee
- Ensure that MMRS-related mutual aid agreements conform with statewide and State regional resource management requirements and capabilities
- Advise and assist MMRS jurisdictions with HSPD-8 preparedness assessments and reporting

MMRS funds must be expended to support efforts to establish and sustain enhanced local capabilities in MMRS jurisdictions. VDEM, in coordination with other relevant State government elements, such as public health, are expected to ensure that MMRS jurisdictions are aware of activities of the Senior Advisory Committee and are able to seek information from, and provide information to that body.

MMRS Priority Target Capabilities/Capability Focus Areas (TC/CFA): The listing below constitutes the revised MMRS Target Capabilities/Capability Focus Areas (TCs/CFAs) for FY 2007. Particular emphasis is placed on the preparedness and performance measures for each Target Capability. MMRS jurisdictions must give priority attention to these TCs/CFAs, but also have the option of using grant funds to improve capabilities in any of the other Target Capabilities listed for MMRS, provided they are reflected in the relevant State and/or Urban Area strategies, the Virginia Enhancement Plan, and relevant Investment Justifications. MMRS jurisdictions must also sustain enhanced capabilities achieved through the implementation of prior years' program guidance and funding.

1. Strengthen Medical Surge Capabilities
2. Strengthen Mass Prophylaxis Capabilities
3. Strengthen WMD/Hazardous Materials Response and Decontamination Capabilities
4. Strengthen Interoperable Communications Capabilities
5. Strengthen Information Sharing and Collaboration Capabilities
6. Expand Regional Collaboration
7. Triage and Pre-Hospital Treatment
8. Medical Supplies Management and Distribution
9. Mass Care (Sheltering, Feeding, and Related Services)
10. Emergency Public Information and Warning
11. Fatality Management

For additional information on the TC/CFAs, please see http://www.ojp.usdoj.gov/odp/grants_hsgp.htm or <https://www.mmrs.fema.gov>.

Pandemic Influenza Preparedness

MMRS Contributions to Preparedness: As stated in the *National Strategy for Pandemic Influenza*, “Preparing for a pandemic requires the leveraging of all instruments of national power, and coordinated action by all segments of government and society.”

The HHS Plan, “Public Health Guidance on Pandemic Influenza for State and Local Partners,” Section 2 provides that, “An effective local response will depend on pre-established partnerships and collaborative planning by public health officials, hospital administrators, and community leaders, who have considered a range of best-case and worst-case scenarios. It will require flexibility and real-time decision-making, guided by epidemiologic information on the pandemic virus.”

The MMRS purpose, partnerships, guidance, and capabilities achieved by MMRS jurisdictions provide a proven and established foundation for this collaborative planning. Accordingly, an overarching requirement for MMRS jurisdictions is the revision and updating of Continuity of Operations/Continuity of Government (COOP/COG) plans for emergency medical, mental health, and public health functions, and their supporting infrastructure, throughout their Operational Area. Key aspects of this activity include:

- Reviewing mutual aid agreements to ensure that they include the sharing of facilities, personnel, equipment and supplies, to include provisions for closing facilities when their key resources are decremented to the point of non-viability and making available their able personnel and remaining supplies and equipment to facilities that are viable
- Stockpiling and priority dispensing of influenza vaccine and anti-viral medication to first responders and first receivers
- Providing enhanced public safety protection of mass casualty response facilities and resources such as medical treatment facilities and pharmaceutical storage and dispensing sites.
- Establishing legal authorities incorporating Altered Standards of Care
- Updating COOP/COG plans to include clear lines of succession for key management positions; protection of essential records, facilities, equipment, and personnel; operation of alternate facilities; and functioning of emergency communications

The CDC-PHEP FY 2006 Cooperative Agreement guidance, including the Phase II PanFlu Preparedness Supplement, provides for discounted bulk purchases for anti-viral pharmaceuticals and ventilators. MMRS jurisdictions should access that source for these materials before using MMRS grant funds to acquire them.

NIMS Compliance: MMRS jurisdictions are invited to participate in a pilot project, “Deployability of MMRS Assets,” and are requested to emphasize certain elements of the recently released, “NIMS Compliance for Hospitals and Healthcare System.” Details are provided at http://www.ojp.usdoj.gov/odp/grants_hsgp.htm.

Capabilities Documentation: MMRS jurisdictions are strongly encouraged to keep current their “Inventory of Capabilities” documentation as a key reference for: general operational briefings and training; mutual-aid operational uses; NIMS-compliant resources management activities; inputs to State/UASI homeland security strategies, Enhancement Plans and Investment Justifications; and data for national preparedness assessments.

Medical Reserve Corps: The Medical Reserve Corps (MRC) program is administered by the Office of the Surgeon General and is a key source for volunteers to support mass casualty incidents. MMRS jurisdictions are encouraged to establish and support MRC units. Up to \$25,000 per MMRS jurisdiction may be used to support local MRC units.

MRC units are community-based and are composed of local volunteer medical and public health professionals, as well as others without health backgrounds. These groups supplement existing emergency response capabilities and contribute to meeting the public health needs of the community throughout the year. MRC units are not intended to replace or substitute for local, existing emergency response systems. The local MRC unit provides an organized framework to identify, credential, train, and prepare volunteers.

The following are examples of the types of allowable expenses that MMRS jurisdictions may consider when supporting/establishing MRC units:

- Organizing the MRC unit, including establishment of a leadership and management structure (through hiring of full or part-time staff or contractors/consultants)
- Implementing mechanisms to assure appropriate integration and coordination with existing local emergency response and health assets and capabilities (including provision of legal protections for volunteers)
- Developing plans to organize and mobilize the MRC unit in response not only to urgent needs, but also to address other public health needs in the community
- Recruiting volunteers for the MRC unit
- Credentialing MRC volunteers
- Training MRC volunteers
- Equipping MRC volunteers

Authorized Program Expenditures

- Allowable Planning Costs
 - Public Education and Outreach
 - Develop and implement homeland security support programs and adopt ongoing DHS National Initiatives
 - Develop and enhance plans and protocols
 - Develop and conduct assessments
 - Establish, enhance, or evaluate Citizen Corps related volunteer programs
 - Hiring of full- or part-time staff or contract/consultants to assist with planning activities (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties)
 - Conferences to facilitate planning activities
 - Materials required to conduct planning activities
 - Travel/per diem related to planning activities
 - Overtime and backfill costs (IAW operational Cost Guidance)
 - Other project areas with prior approval from G&T
- Allowable Equipment Categories
 - Personal Protective Equipment
 - CBRNE Operational Search and Rescue Equipment
 - Information Technology
 - Cyber Security Enhancement Equipment
 - Interoperable Communications Equipment
 - Detection Equipment
 - Decontamination Equipment
 - Medical Supplies and Limited Pharmaceuticals
 - Power Equipment
 - CBRNE Reference Materials
 - CBRNE Incident Response Vehicles
 - Inspection and Screening Systems
 - Agriculture Terrorism Prevention, Response, and Mitigation Equipment
 - CBRNE Logistical Support Equipment
 - Other Authorized Equipment
- Allowable Training Costs
 - Overtime and backfill for emergency preparedness and response personnel attending G&T-sponsored and approved training classes and technical assistance programs
 - Overtime and backfill expenses for part-time and volunteer emergency response personnel participating in G&T training
 - Training workshops and conferences
 - Full- or part-time staff or contractors/consultants
 - Travel
 - Supplies
 - Tuition for Higher Education
 - Other items
- Allowable Exercise Related Costs
 - Design, Develop, Conduct and Evaluate an Exercise
 - Exercise planning workshop
 - Full- or part-time staff or contractors/consultants

- Overtime and backfill costs, including expenses for part-time and volunteer emergency response personnel participating in G&T exercises
- Implementation of HSEEP
- Travel
- Supplies
- Other items
- Allowable Management and Administrative Costs
 - Hiring of full- or part-time staff or contractors/consultants to assist with the management of the respective grant program, application requirements, compliance with reporting and data collection requirements
 - Development of operating plans for information collection and processing necessary to respond to G&T data calls
 - Overtime and backfill costs
 - Travel
 - Meeting related expenses
 - Authorized office equipment
 - Recurring expenses such as those associated with cell phones and faxes during the period of performance of the grant program
 - Leasing or renting of space for newly hired personnel during the period of performance of the grant program